

Registration Form for The Wilds Family Camp August 14-19, 2017

Rev./Dr./Mr./Mrs. _____ **DOB*** / /
*Collected for medical/legal purposes
 Spouse's first name (if attending) _____ **DOB** / /

Names of children attending Family Camp

| Grade of Sept. 2017 | Date of birth | Gender | Grade of Sept. 2017 | Date of birth | Gender |
|---------------------|---------------|---|---------------------|---------------|---|
| | | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> M <input type="checkbox"/> F |
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Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

Business Cell Home

Church Name _____ State _____

Accommodations: Give 1st, 2nd, and 3rd choices.

Inn _____ **Lodge** _____ **Duplex** _____
(families of four or fewer; linens provided) (families of five or six; linens provided) (families of ten or fewer; please bring linens)

If possible, we would like to be housed near _____

A \$100 deposit must accompany this form. Deposits are refundable or transferable only if we are notified of the cancellation 60 days before the program begins. To register online, go to www.wilds.org/register. Alternatively, you can fax or mail the form with your check or credit card information.

Charge \$100 Deposit Charge Total Amount



Card Number _____

Exp. Date _____ C/V# _____ Billing Zip Code _____

Print name as it appears on card _____

Signature of cardholder _____

Contact Info:

The Wilds • PO Box 509 • Taylors, SC 29687-0009
 Phone: (864) 331-3286 • Fax: (864) 331-3285
 E-mail: tw.summer.camps@wilds.org

Use this address AFTER May 24, 2017:
 The Wilds • 1000 Wilds Ridge Road
 Brevard, NC 28712-7273

| |
|-----------------|
| Office Use Only |
| Pd \$ _____ |
| Due \$ _____ |